

**STATE CENTRAL COMMITTEEMAN
PETITION**

We, the undersigned, members of and affiliated with the DEMOCRATIC PARTY and qualified primary electors of the DEMOCRATIC Party, in the _____ Congressional District of the State of Illinois, do hereby petition that _____ who resides at _____ in the City, Village, Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides postal service) Zip Code _____, County of _____ and State of Illinois, shall be a candidate of the DEMOCRATIC Party for election to the office of **STATE CENTRAL COMMITTEEMAN** of the State of Illinois, for the _____ Congressional District to be voted for at the primary election to be held on _____ (date of election).

| NAME (VOTER'S SIGNATURE) | STREET ADDRESS OR RR NUMBER | CITY, TOWN OR VILLAGE | COUNTY |
|-----------------------------|--------------------------------|--------------------------|--------|
| 1 | | | IL |
| 2 | | | IL |
| 3 | | | IL |
| 4 | | | IL |
| 5 | | | IL |
| 6 | | | IL |
| 7 | | | IL |
| 8 | | | IL |
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| 10 | | | IL |
| 11 | | | IL |
| 12 | | | IL |
| 13 | | | IL |
| 14 | | | IL |
| 15 | | | IL |

State of _____)
County of _____) SS.

I, _____ (Circulator's Name) do hereby certify that I reside at _____,

in the City/Village/Unincorporated Area (circle one) of _____ (if unincorporated, list municipality that provides

postal service) Zip Code _____, County of _____ State of _____ that I am 18 years of age or older, that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day for filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the Democratic Party in the political division in which the candidate is seeking elective office, and that their respective residences are correctly stated as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____.
(Name of Circulator) (insert month, day, year)

(Notary Public's Signature)

(SEAL)

SHEET NO. _____